What are normal stress reactions in the wake of disaster?

Most disaster survivors (children and adults as well as disaster rescue or relief workers) experience normal stress reactions after a traumatic event. These reactions may last for several days or even a few weeks and may include:

- Emotional reactions: shock; fear; grief; anger; guilt; shame; feeling helpless or hopeless; feeling numb; feeling empty; diminished ability to feel interest, pleasure, or love
- Cognitive reactions: confusion, disorientation, indecisiveness, worry, shortened attention span, difficulty concentrating, memory loss, unwanted memories, self-blame
- Physical reactions: tension, fatigue, edginess, insomnia, bodily aches or pain, starting easily, racing heartbeat, nausea, change in appetite, change in sex drive
- Interpersonal reactions: distrust, conflict, withdrawal, work problems, school problems, irritability, loss of intimacy, being over-controlling, feeling rejected or abandoned

What are some more severe reactions to a disaster?

Studies show that as many as one in three disaster survivors have severe stress symptoms that put them at risk for lasting Post-traumatic Stress Disorder (PTSD). Symptoms may include:

- Dissociation (depersonalization, derealization, fugue, amnesia)
- Intrusive re-experiencing (terrifying memories, nightmares, or flashbacks)
- Extreme emotional numbing (completely unable to feel emotion, as if empty)
- Extreme attempts to avoid disturbing memories (such as through substance use)
- Hyper-arousal (panic attacks, rage, extreme irritability, intense agitation)
- Severe anxiety (debilitating worry, extreme helplessness, compulsions or obsessions)
- Severe depression (loss of the ability to feel hope, pleasure, or interest; feeling worthless)

What aspects of disaster are especially traumatising?

Certain aspects of disaster are particularly likely to be traumatic. The following are likely to put survivors at risk for severe stress symptoms and lasting PTSD if the survivor directly experiences them or witnesses them:

- Life threatening danger or physical harm (especially to children)
- Exposure to gruesome death, bodily injury, or dead or maimed bodies
- Extreme environmental or human violence or destruction
• Loss of home, valued possessions, neighbourhood, or community
• Loss of communication with or support from close relations
• Intense emotional demands (e.g., rescue personnel and caregivers searching for possibly dying survivors, or interacting with bereaved family members)
• Extreme fatigue, weather exposure, hunger, sleep deprivation
• Extended exposure to danger, loss, emotional/physical strain
• Exposure to toxic contamination (e.g., gas or fumes, chemicals, radioactivity)

Which individuals are at risk for severe stress responses?

Some individuals have a higher than typical risk for severe stress symptoms and lasting PTSD, including those with a history of:

• Exposure to other traumas (e.g., accidents, abuse, assault, combat, rescue work)
• Chronic medical illness or psychological disorders
• Chronic poverty, homelessness, unemployment, or discrimination
• Recent or subsequent major life stressors or emotional strain (e.g., single parenting)

Disaster stress may revive memories of prior trauma and may intensify pre-existing social, economic, spiritual, psychological, or medical problems.

What are the recommended interventions in the wake of a disaster?

• People have their own pace for processing trauma. It is important to convey to them that they should listen to and honour their own inner pace.
• People should be encouraged to use natural supports and to talk with friends, family, and co-workers - at their own pace. They should follow their natural inclinations with regard to how much and with whom they talk.
• If someone wants to speak with a professional in the immediate aftermath period, it would be helpful to:
  - Listen actively and supportively, but do not probe for details and emotional responses. Let the person say what they feel comfortable saying without pushing for more.
  - Validate normal, natural recovery.
• For those who have previously experienced traumatic events, subsequent traumatic experiences may stir up memories and exacerbate symptoms related to previous traumas. Thus, some people will feel like the most recent trauma is opening old wounds. These symptoms should also be normalised and are likely to abate with time. It may be helpful to ask people what strategies they have successfully used in the past to deal with trauma reactions, and encourage them to continue using these techniques.
• Individuals who continue to experience severe distress that interferes with normal functioning after three months are at higher risk for continued problems. These individuals should be referred for appropriate treatment.
What can you do to help someone you know who has been affected?

- Offer assistance and a listening ear if the person has not asked for help but respect their wishes if they do not wish to talk about it.
- Listen carefully and reflect your empathy and understanding.
- Spend time with the traumatised person and reassure them that they are safe, but give the person private time if they ask for it.
- Provide practical support (offer to help out with small tasks that may seem overwhelming for the person like photocopying an article from the library that they may need)
- Don’t take the person’s expressed feelings (such as anger) personally.
- Don’t say “lucky it wasn’t worse”, this will not console the traumatised person. It is better to say you are sorry that they had to go through this experience and that you want to understand and assist them.

Assistance in this area and many others can be obtained from the RMIT Student Counselling Service. The RMIT Counselling Service offers free and confidential counselling to all RMIT students. Counsellors may help you to explore your concerns, both personal and academic.

The RMIT Counselling Service can be contacted at 9925-4365 between 9am and 5pm.